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State of Rhode Island

**Department of State - Business Services Division** 

## RECEIVED R.I. DEPT. OF SISTAMP BUS SVOS DEPTAMP

## **Articles of Incorporation**

DOMESTIC Non-Profit Corporation

→ Filing Fee: \$35.00

The undersigned, acting as incorporator(s) of a corporation under RIGL <u>7-6-34</u> , adopt(s) the following Articles of Incorporation for such corporation:			
1. The name of the corporation is:			
Shooting Stars Dance Cen	tre Compatition T	ean Fundraising Committee	
2. The period of its duration is: CHECK ONE BOX ONLY			
Perpetual (on-going)			
Date certain for dissolution			
3. The specific purpose or purposes for which the corporation is organized are:			
Raise tunds for competition fees, master chases, travel conventions,			
Raise Funds for Competition fees, master chasses, travel Conventions, and all costs that are associated with a traveling dance competition			
tern with children Brying from 2 ses 4 through 2 dutes.			
Check the box to indicate an attachment ☐			
4. Provisions, if any, not inconsistent with the law, which the incorporators elect to set forth in these Articles of Incorporation for the regulation of the internal affairs of the corporation are:			
Check the box to indicate an attachment □			
5. Name and address of the initial registered agent/office in Rhode Island is:			
Agent Name Kylene Porira			
Street Address (NOT a P.O. Box) 10 Roscrood Delve			
City Green ville	State RHODE ISLAND	Zip Code <i>〇</i> みくみく	

MAIL TO:

**Division of Business Services** 

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov

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6. The number of the initial Board of Directors of the Corporation is (not less than 3 directors) and the names and address of the persons who are to serve as the initial directors are:			
NAME .	ADDRESS		
Kylene Poure	10 Rowwood Dr Greenville RI	02828	
Kylene Pourz Vzna852 Tulhy	261 Adingun Ano Westerle Di	I 03889	
Christina Roberts	145 Czipenici B. Johnston R	I 029/9	
Check the box to indicate an attachment			
7. The name and address of each incorporator is:			
NAME	ADDRESS		
Kylene Poeira	10 Rosewal Dr Governite RI	O3434	
Check the box to indicate an attachment ☐			
8. Date when these Articles of Incorporation will be effective: CHECK ONE BOX ONLY			
☐ Date received (Upon filing)  Later effective date (Date must be no more than 30 days from the date of filing)			
9. Under penalty of perjury. I/we declare and affirm that I/we have examined these Articles of Incorporation, including any accompanying attachments, and that all statements contained herein are true and correct.			
Type or Print Name of Incorporator  Kylene M Poeira		Date ///7/2024	
Signature of Incorporator  1/17/2024			
Type or Print Name of Incorporator		Date	
Signature of Incorporator			
Type or Print Name of Incorporator		Date	
Signature of Incorporator			

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I, GREGG M. AMORE, Secretary of State of the State of Rhode Island,
hereby certify that this document, duly executed in accordance with the provisions
of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this
office on this day:

January 17, 2024 02:22 PM

Gregg M. Amore Secretary of State

Tregs M. Coure

